

Table S5. Summary of findings table of the comparison between index tests (Lutz e Kato-Katz) and reference standard (diagnosing schistosomiasis

			0.34 (95% CI: 0.24 to 0.46)		0.74 (95% CI: 0.63 to 0.83)			Prevalences	3.9%	4.3%	4.7%
			1.00 (95% CI: 0.99 to 1.00)		1.00 (95% CI: 0.97 to 1.00)						
Outcome*	No of studies (No of patients)	Study design	Factors that may decrease certainty of evidence					Effect per 1,000 patients tested			Test accuracy CoE
			Risk of bias	Indirectness	Inconsistency	Imprecision	Publication bias	Pre-test probability of 3.9%	Pre-test probability of 4.3%	Pre-test probability of 4.7%	
True-positive with Lutz	1 study ^d 331 patients	cross-sectional (cohort type accuracy study)	very serious ^a	serious ^b	not serious	not serious	none	13 (9 to 18)	15 (10 to 20)	16 (11 to 22)	⊕○○○ Very low ^{a,b}
False-negative with Lutz								26 (21 to 30)	28 (23 to 33)	31 (25 to 36)	
True-positive with Kato-Katz			very serious ^a	serious ^b	not serious	serious ^c	none	29 (25 to 32)	32 (27 to 36)	35 (30 to 39)	⊕○○○ Very low ^{a,b,c}
False negative with Kato-Katz								10 (7 to 14)	11 (7 to 16)	12 (8 to 17)	
True negative with Lutz	1 study ^d 331 patients	cross-sectional (cohort	very serious ^a	serious ^b	not serious	not serious	none	961 (932 to 961)	957 (928 to 957)	953 (924 to 953)	

Outcome*	No of studies (No of patients)	Study design	Factors that may decrease certainty of evidence					Effect per 1,000 patients tested			Test accuracy CoE
			Risk of bias	Indirectness	Inconsistency	Imprecision	Publication bias	Pre-test probability of 3.9%	Pre-test probability of 4.3%	Pre-test probability of 4.7%	
False positive with Lutz		type accuracy study)						0 (0 to 29)	0 (0 to 29)	0 (0 to 29)	⊕○○○ Very low ^{a,b}
True-negative with Kato-Katz			very serious ^a	serious ^b	not serious	not serious	none	961 (932 to 961)	957 (928 to 957)	953 (924 to 953)	⊕○○○ Very low ^{a,b}
False-positive with Kato-Katz								0 (0 to 29)	0 (0 to 29)	0 (0 to 29)	

Explanations:

- a. The study was considered at high risk of bias for more than one domain (patient selection and reference standard test) of the QUADAS-C tool.
- b. The reference test used was inappropriate, as the results of the evaluated tests were combined.
- c. The upper limit of the confidence interval crosses the clinical relevance threshold for sensitivity.
- d. Study of Carvalho et al (2012)

* True-positive (patients with schistosomiasis); False-negative (patients incorrectly classified as not having schistosomiasis); False-negative (patients incorrectly classified as not having schistosomiasis); True-negative (patients without schistosomiasis).

Abbreviations: CI: confidence of interval; CoE: certainty of evidence.